

Standard Form No. 2811 Office of Personnel Management FPM Supplement 890-1 Rev. June 1984	TRANSMITTAL AND SUMMARY REPORT TO CARRIER FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM	2811-105			
TO (carrier's name and address including zip code)		PAYROLL OFFICE NO.			
CARRIER CODE <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>		REPORT NO.			
		DATE OF REPORT			
NOTE: Include number of all SF 2809 and SF 2810 forms transmitted in Part A. Include <i>only changes</i> to the number of enrollees in Part B. Do not include in Part B name changes, duplicate copies, etc., which do not increase or decrease the number of enrollees. Be sure to double check addition and subtraction in Part B.					
A. TRANSMITTAL					
STANDARD FORM NO. 2809 HEALTH BENEFITS REGISTRATION FORM NUMBER OF FORMS ATTACHED.	STANDARD FORM NO. 2810 NOTICE OF CHANGE IN ENROLLMENT STATUS NUMBER OF FORMS ATTACHED.				
B. SUMMARY REPORT OF NUMBER OF ENROLLEES					
DESCRIPTION	LAST DIGIT OF ENROLLMENT CODE NUMBER				TOTAL
	1	2	4	5	
ENROLLEES FROM LAST REPORT. .					
ADD:					
NEW ENROLLEES (SF 2809)					
CHANGES IN CODE (SF 2809)					
TRANSFERS IN (SF 2810)					
OTHER (see Remarks)					
DEDUCT:					
CANCELLATIONS (SF 2809)					
CHANGES IN CODE (SF 2809)					
CHANGES IN PLAN (SF 2809)					
TERMINATIONS (SF 2810)					
TRANSFERS OUT (SF 2810)					
OTHER (see Remarks)					
TOTAL ENROLLEES.					
C. CERTIFICATIONS					
FROM (payroll office name and address including zip code)			AGENCY I certify that documents transmitted herewith will adjust the payroll records to the "total enrollees".		
TELEPHONE NUMBER (including area code)			SIGNATURE OF AUTHORIZED OFFICIAL		
REMARKS			CARRIER I certify that documents were received and changes were processed.		
			SIGNATURE OF CERTIFYING OFFICER		DATE

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